PATE	CII	ective De	cember 8,		ECORD	\bigcirc	9	168	3/5
AL	*		(Column 1) (Column 2)			ENTITY			R THAI
TOTAL CLAIMS					TYPE	FEE	OF	والمراجعة المراجعة ا	L ENTIT
FOR		NUM	BER FILED	NUMBER EXTR				RATE	
TOTAL CHARGEABLE CLAIMS		s 30	Ominus 20=	* 10			-JOR	BASIC FE	-
NDEPENDENT CLAIMS		U	minus 3 =	* 1	X\$ 25	=	OR	X\$50=	5U
MULTIPLE DE	ENDENT CLAIM	A PRESENT			. X100:		OR	X200=	20t
If the differen	oo in column				+180=		OR	+360=	1
TW At			less than zero, enter "0" in column 2				OR	TOTAL	71743
2-12-04	CLAIMS AS	AMEND	ED - PART	11	TOTAL		104		700.
7 10 04	CLAIMS		(Colum HIGHE		3) SMALL	ENTITY	OR	OTHER SMALL I	THAN ENTITY
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Total	. 30	Minus	PAID FO	DR .		FEE	1, 1		FEE
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Total	AMENDMENT		PREVIOUS PAID FOR		RATE	TIONAL FEE			ΓΙΟΝΑΙ FEE
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otal	AMENDMENT		PAID FOR	CATRA		IONAL FEE	R		ONAL FEE
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New Claims 12/ 27/